			A	ttorney Docket	AA	IDPAT/180/U			
0010/PTO Rev. 6/95	U.S. Department of C Patent and Trademar		Firs	t Named Inventor	Н	Helmuth GABL			
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DECLARATION			Application	n Number					
Declaration Submitter with Initial Filing	nitted Declaration	Submitted	Filing Date)					
	after Initial		Group Art	Unit					
			Examiner	Name					
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s an above named ir	ventor, I hereby declare that								
My residence, post off	ice address, and citizenship	are as stated b	elow next to r	ny name.					
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DECLARATION							Page 2								
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U.S. Parent Application Number		PCT Par	PCT Parent Number			Parent Filin (MM/DD/Y					Parent Patent Number (if applicable)				
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As a nar	med inve	ntor, I hereby o transact all	y appoint th	e register	red prac	ctitioner		with	the Cu	ustomer Nu	umber prov	vided	below t	to prosecute this be addressed to	
Fi	irm Name	Name: Alix, Yale & Ristas, LLP]	Customer Number:				002543				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of	Sole or I	First Inventor					A petition	n has	s been	filed for this	s unsigned	d inve	ntor		
Given Name Helmuth Middle Initial				amily Name					Suffix	Suffix					
Invent Signa		Date													
RESIDE Cit	- 1	Gra	az	State			Country		AUS	TRIA	A Citizenship AL		JSTRIAN		
POST O ADDR		Rannac	chstrass	e 47											
City	G	Graz	State		Zip	A	8046	Country AUSTRIA Applicant Authority							
Name of	Addition	al Joint Inven	itor, if any:				A petitio	n ha	s been	filed for thi	s unsigne	d inve	ntor		
Given Name			Midd Initia			amily Name					Suffix				
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Addi	itional inv	entors are be	eing named	on suppl	ementa	sheet(s) attached h	ereto		*					